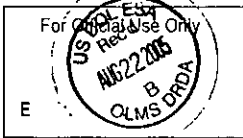


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12676</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Owen</u> <u>F</u> <u>Betts</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>257 West Tefft Street</u> City <u>Nipomo</u> State <u>California</u> ZIP Code + 4 <u>93444</u>	4. Name, file number, and address of labor organization. Name <u>Laboreers International Union Local 220</u> Labor Organization File Number <u>001760</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>257 West Tefft Street</u> City <u>Nipomo</u> State <u></u> ZIP Code - 4 <u></u>
5. Position in labor organization. <u>Secretary Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Owen F. Betts

On

8-12-05

Date

(805) 929-7220

Telephone Number

addenda 1-30

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4399 Santa Anita Avenue</u></p> <p>City <u>El Monte</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91731</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Const. Laborers Trust Funds for SO. Cal.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>Same as above</u></p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides 3rd party administrative services to Trust Funds</u></p> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>1-26-04</u> <u>Dinner at restaurant</u></p> <p>12.b. Amount. <u>\$68.60</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 4399 Santa Anita Avenue

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for So. Cal.

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street Same as above

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Provides 3rd party administrative services to Trust Funds

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

1-30-04

Dinner at Restaurant

12.b. Amount.

\$173.02

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer : or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street 4399 Santa Anita Avenue
 City El Monte
 State California ZIP Code +4 91731

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for So. Cal.
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street Same as above
 City _____
 State _____ ZIP Code - 4 _____

11.a. Nature of such dealing.

Provides 3rd party administrative services to Trust Funds

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

2-11-04
Golf and Lunch

12.b. Amount.

51.90

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street _____
 City _____
 State _____ ZIP Code - 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <i>Owen F. Betts</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trading name, if any):

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for SO. Cal.

Trade Name, if any: []

P.O. Box, Bldg., Room No., if any []

Street Same as above

City []

State [] ZIP Code + 4 []

11.a. Nature of such dealing.

Provides 3rd party administrative services to Trust Funds

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

2-28-04

Dinner at Restaurant

12.b. Amount.

74.14

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.



13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <u>4399 Santa Anita Avenue</u></p> <p>City: <u>El Monte</u></p> <p>State: <u>California</u> ZIP Code + 4: <u>91731</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: <u>Const. Laborers Trust Funds for SO. Cal.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <u>Same as above</u></p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides 3rd party administrative services to Trust Funds</u></p> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>3-19-04</u></p> <p><u>Dinner at restaurant</u></p> <p>12.b. Amount. <u>\$97.75</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Addendum 6 of 30

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street 4399 Santa Anita Avenue
 City El Monte
 State California ZIP Code + 4 91731

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for So. Cal.
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street Same as above
 City
 State
 ZIP Code + 4

11.a. Nature of such dealing.

Provides 3rd party administrative services to Trust Funds

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

3.25 - 04
Golf and Lunch

12.b. Amount.

\$52.36

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State
 ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Addendum 7 of 30

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street 4399 Santa Anita Avenue
 City El Monte
 State California ZIP Code + 4 91731

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for So. Cal.
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street Same as above
 City _____
 State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Provides 3rd party administrative services to Trust Funds

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

4-4-04
Dinner at restaurant

12.b. Amount.

\$168.81

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

addendum 8-OR 30

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for SO. Cal.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street Same as above

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides 3rd party administrative services to Trust Funds

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

4-18-04
Golf and Lunch

12.b. Amount.

\$70.36

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code - 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 4399 Santa Anita Avenue

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for So. Cal.

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street Same as above

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Provides 3rd party administrative services to Trust Funds

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

4-16-04
Dinner at Restaurant

12.b. Amount.

\$45.28

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

Addendum 100P30

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4399 Santa Anita Avenue</u></p> <p>City <u>El Monte</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91731</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Cont. Laborers Trust Funds for SO. Cal.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>Same as above</u></p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides 3rd party administrative services to Trust Funds</u></p> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>4-27-04</u> <u>Lunch at winery</u></p> <p>12.b. Amount. <u>\$40.00</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Addendum 110A30

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street 4399 Santa Anita Avenue
 City El Monte
 State California ZIP Code + 4 91731

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for SO. Cal.
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street Same as above
 City _____
 State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Provides 3rd party administrative services to Trust Funds

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

5-1-04
Dinner at restaurant

12.b. Amount.

\$90.86

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment.

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13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

addendum 12 of 30

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street 4399 Santa Anita Avenue
 City El Monte
 State California ZIP Code + 4 91731

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for SO. Cal.
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street Same as above
 City
 State ZIP Code + 4

11.a. Nature of such dealing.

Provides 3rd party administrative services to Trust Funds

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

5-11-04
Dinner at restaurant

12.b. Amount.

\$110.37

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

14.a. Nature of payment.

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13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>Owen F. Betts</u>		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4399 Santa Anita Avenue</u></p> <p>City <u>El Monte</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91731</u></p>		<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Const. Laborers Trust Funds for SO. Cal.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>Same as above</u></p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>		<p>11.a. Nature of such dealing.</p> <p><u>Provides 3rd party administrative services to Trust Funds</u></p> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>5-12-04</u> <u>Golf and Lunch</u></p> <p>12.b. Amount. <u>\$49.75</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	
<p>14.a. Nature of payment.</p> <p>_____</p>	
<p>13.b. Is the Business an Employer or Consultant ?</p>	
<p>14.b. Amount of payment.</p>	

Addendum 140R 31

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>4399 Santa Anita Avenue</u></p> <p>City <u>El Monte</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91731</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Const. Laborers Trust Funds for SO. Cal.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>Same as above</u></p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides 3rd party administrative services to Trust Funds</u></p> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>5-27-04</u></p> <p><u>Golf and Lunch</u></p> <p>12.b. Amount. <u>\$51.24</u></p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p> <p>_____</p>

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4399 Santa Anita Avenue</u></p> <p>City <u>El Monte</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91731</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Const. Laborers Trust Funds for SO. Cal.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>Same as above</u></p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides 3rd party administrative services to Trust Funds</u></p> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>6-13-04</u></p> <p><u>Golf and Lunch</u></p> <p>12.b. Amount. <u>\$66.78</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

addendum 16,0430

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4399 Santa Anita Avenue</u></p> <p>City <u>El Monte</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91731</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Const. Laborers Trust Funds for SO. Cal.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>Same as above</u></p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides 3rd party administrative services to Trust Funds</u></p> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Golf and lunch 6-22-04</u></p> <p>12.b. Amount. <u>\$63.12</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Addendum 17 of 30

Name of Person Filing <u>Owen F. Belts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4399 Santa Anita Avenue</u></p> <p>City <u>El Monte</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91731</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Const. Laborers Trust Funds for SO. Cal.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>Same as above</u></p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides 3rd party administrative services to Trust Funds</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>6-23-04</u></p> <p><u>Lunch at restaurant</u></p> <hr/> <p>12.b. Amount. <u>\$65.75</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Addendum 18 of 30

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Associated Third Party Administrators</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>4399 Santa Anita Avenue</u> City <u>El Monte</u> State <u>California</u> ZIP Code + 4 <u>91731</u>	9. Business deals with: a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Const. Laborers Trust Funds for SO. Cal.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>Same as above</u> City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>Provides 3rd party administrative services for Trust Funds</u> 11.b. Approximate dollar value of such dealing. <u>Unknown</u> 12.a. Nature of interest held or income received. <u>7-5-04</u> <u>Golf and Lunch</u> 12.b. Amount. <u>\$85.60</u>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Addendum 19 of 30

Name of Person Filing <u>Owen F. Belts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4399 Santa Anita Avenue</u></p> <p>City <u>El Monte</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91731</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Const. Laborers Trust Funds for SO. Cal.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>Same as above</u></p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides 3rd party administrative services to Trust Funds</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>Golf Tournament and Lunch</u> <u>7-20-04</u></p> <hr/> <p>12.b. Amount. <u>\$147.39</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Addendum 20 of 30

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street 4399 Santa Anita Avenue
 City El Monte
 State California ZIP Code + 4 91731

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for SO. Cal.
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street Same as above
 City _____
 State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Provides 3rd party administrative services to Trust Funds

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

9-9-04
Dinner at a restaurant

12.b. Amount.

\$94.66

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Added Jun 21 of 30

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4399 Santa Anita Avenue</u></p> <p>City <u>El Monte</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91731</u></p>	<p>9. Business deals with:</p> <p style="padding-left: 20px;">a. Labor Organization</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="padding-left: 20px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Const. Laborers Trust Funds for SO. Cal.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>Same as above</u></p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides 3rd party administrative services to Trust Funds</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>9-16-04</u> <u>dinner at restaurant</u></p> <hr/> <p>12.b. Amount. <u>\$714.53</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4399 Santa Anita Avenue</u></p> <p>City <u>El Monte</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91731</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Cont. Laborers Trust Funds for SO. Cal.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>Same as above</u></p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides 3rd party administrative services to Trust Funds</u></p> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>10-14-04</u> <u>Golf and Lunch</u></p> <p>12.b. Amount. <u>\$94.80</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment _____</p>

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Associated Third Party Administrators</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>4399 Santa Anita Avenue</u> City <u>El Monte</u> State <u>California</u> ZIP Code + 4 <u>91731</u>	9. Business deals with: a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Const. Laborers Trust Funds for SO. Cal.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>Same as above</u> City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>Provides 3rd party administrative services to Trust Funds</u> 11.b. Approximate dollar value of such dealing. <u>Unknown</u> 12.a. Nature of interest held or income received. <u>10-14-04</u> <u>Dinner at a restaurant</u> 12.b. Amount. <u>\$168.44</u>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
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Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>4399 Santa Anita Avenue</u></p> <p>City <u>El Monte</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91731</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Const. Laborers Trust Funds for SO. Cal.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>Same as above</u></p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides 3rd party administrative services to Trust Funds</u></p> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>11-20-04</u> <u>Dinner at a restaurant</u></p> <p>12.b. Amount. <u>\$54.66</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <u>4399 Santa Anita Avenue</u></p> <p>City: <u>El Monte</u></p> <p>State: <u>California</u> ZIP Code + 4: <u>91731</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: <u>Const. Laborers Trust Funds for SO. Cal.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <u>Same as above</u></p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides 3rd party administrative services to Trust Funds</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>11-27-04</u></p> <p><u>Lunch at a restaurant</u></p> <hr/> <p>12.b. Amount. <u>\$47.38</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>4399 Santa Anita Avenue</u></p> <p>City <u>El Monte</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91731</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Const. Laborers Trust Funds for SO. Cal.</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>Same as above</u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides 3rd party administrative services to Trust Funds</u></p> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>11-27-04</u></p> <p><u>Dinner at a restaurant</u></p> <p>12.b. Amount. <u>\$116.45</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Addendum 27 of 30

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4399 Santa Anita Avenue</u></p> <p>City <u>El Monte</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91731</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Const. Laborers Trust Funds for SO. Cal.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>Same as above</u></p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides 3rd party administrative services to Trust Funds</u></p> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>11-28-04</u></p> <p><u>Golf and Lunch</u></p> <p>12.b. Amount. <u>\$91.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: Associated Third Party Administrators
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street: 4399 Santa Anita Avenue
 City: El Monte
 State: California ZIP Code + 4: 91731

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: Const. Laborers Trust Funds for SO. Cal.
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street: Same as above
 City: _____
 State: _____ ZIP Code + 4: _____

11.a. Nature of such dealing.

Provides 3rd party administrative services to Trust Funds

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

12-11-04
Dinner at restaurant

12.b. Amount.

\$110.72

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street: _____
 City: _____
 State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>Owen F. Betts</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4399 Santa Anita Avenue</u></p> <p>City <u>El Monte</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91731</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Const. Laborers Trust Funds for SO. Cal.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>Same as above</u></p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides 3rd party administrative services to Trust Funds</u></p> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>12-18-04</u></p> <p><u>Lunch at restaurant</u></p> <p>12.b. Amount. <u>\$34.04</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Addendum 30 of 30

U.S. Department of Labor
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

RE: Form LM-30 Filing for Owen F. Betts

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

Sincerely,

A handwritten signature in cursive script that reads "Owen F. Betts". The signature is written in black ink and is positioned below the word "Sincerely,".

U.S. Department of Laborer
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210



RE: Form LM-30 Filing for Owen F. Betts

Dear Sir or Madam:

Enclosed are my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have neither documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so; I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Owen F. Betts